

FROM McANDREWS, HELD, & MALLOY

(MON) 6.26'06 18:18/ST.18:17/NO.4861050696 P 1



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TO: Examiner N.H. Ly
Group Art Unit 2617

FAX NO.: 571 273 8300

FROM: Michael T. Cruz


USER ID: 8084

CLIENT: 1772

MATTER: 15258US02

Number of Pages This Transmission (Including Cover Page): 8

I hereby certify that the attached Transmittal Form (1 page); Fee Transmittal (1 page, in duplicate); Petition for One-Month Extension of Time (1 page, in duplicate); and Notice of Appeal (1 page, in duplicate) are being sent via facsimile transmission to the United States Patent and Trademark Office at (571) 273-8300 on June 26, 2006.


Michael T. Cruz
Reg. No. 44,636

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		09/634.552	
		Filing Date	
		August 8, 2000	
		First Named Inventor	
		Ahmadreza Rofougaran	
Art Unit		2617	
Examiner Name		Nghi H. Ly	
Attorney Docket Number		15258US02	
Total Number of Pages in This Submission		7	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal) - 1 page, in duplicate <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Michael T. Cruz</i>		
Printed Name	Michael T. Cruz		
Date	June 26, 2006		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Examiner Nghi H. Ly at the United States Patent and Trademark Office, fax No. 571 273 8300, on June 26, 2006.			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	June 26, 2006

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2006		Complete if Known Application Number: 09/634,552 Filing Date: August 8, 2006 First Named Inventor: Ahmadreza Rofougaran Examiner Name: Nghi H. Ly Art Unit: 2617 Attorney Docket No.: 15258US02	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER JUN 26 2006	
TOTAL AMOUNT OF PAYMENT (\$) 620.00		Attorney Docket No. 15258US02	
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply) <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
Application Type	Filing Fees Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	_____
Design	200	100	_____
Plant	200	100	_____
Reissue	300	150	_____
Provisional	200	100	_____
2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -20 or HP	_____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP	_____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3			
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
_____ -100	_____ /50	_____ (round up to a whole number)	_____ x _____ = _____
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): <u>Notice of Appeal \$500; 1-month extension of time \$120</u>			620.00
SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	Telephone	Date
Name (print/type)	44,638	(312) 775-8000	June 26, 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2006		<i>Complete if Known</i>						
		Application Number	09/034,552					
		Filing Date	August 8, 2006					
		First Named Inventor	Ahmadreza Rofougaran					
		Examiner Name	Nghi H. Ly					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2617					
TOTAL AMOUNT OF PAYMENT (\$) 620.00		Attorney Docket No.	15258US02					
METHOD OF PAYMENT (check all that apply)								
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____								
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy For the above-identified deposit account, the Director is hereby authorized to (check all that apply)								
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee								
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
							Small Entity	
							Fee (\$)	
2. EXCESS CLAIM FEES Fee Description							Fee (\$)	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee Fee Paid (\$)	
-20 or HP _____ x _____ = _____								
HP = highest number of total claims paid for, if greater than 20								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
-3 or HP _____ x _____ = _____								
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
-100		/50		(round up to a whole number)		x	=	
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Notice of Appeal \$500; 1-month extension of time \$120							820.00	
SUBMITTED BY								
Signature	<i>Michael T. Cruz</i>			Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000	
Name (print/type)	Michael T. Cruz			Date	June 29, 2006			